



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000159962

2. Name of Corporation Quaker Estates of Portsmouth IV, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2368 EAST MAIN ROAD

City or Town: PORTSMOUTH

State: RI Zip: 02871 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE ELDERLY PERSONS WITH HOUSING FACILITIES AND SERVICES
ESPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL
NEEDS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	KENNETH E. JONES	2121 WEST MAIN ROAD, #704 PORTSMOUTH, RI 02871 USA
TREASURER	RENATE MAREK	48 SUMMIT ROAD

		PORTSMOUTH, RI 02871 USA
SECRETARY	JAMES E. DILLEY	17 SOUTH UNION STREET CAMBRIDGE, NY 12816 USA
VICE PRESIDENT	KATRINE HANSEN	10 ANNETTE DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	CATHY L. BONNEAU	159 PEAR STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	PAMELA CHARRON	43 SMITH ROAD NEWPORT, RI 02841 USA
DIRECTOR	NORMA SILVIA	2368 EAST MAIN ROAD, #A1 PORTSMOUTH, RI 02871 USA
DIRECTOR	ALLISON SERINA	34 DOROTHY AVENUE PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DREW P. KAPLAN, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of May, 2016 at 11:57:53 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KENNETH E. JONES
Signature of Authorized Person

Form No. 631
Revised 09/07